# INVESTIGATION (reverse side of this sheet) MIDCHELLINARI REFURI - HINDILI ULIUN'D CUFI

### **ESSEX COUNTY DEPARTMENT OF CORRECTIONS**

#### A. DISCIPLINARY REPORT - INSTITUTION'S COPY

NAME OF INMATE (Last, First)	
BOOKING No. 237003 786 I.R.# 9777-23	,
PROHIBITED ACT - 256 Refuing to obey	an order of any
Staff mander	
REPORTING OFFICER'S NAME Alexand	TITLE SECONAL
DATE 10/13/03 SIGNATURE	Maries
PLACE OF ALLEGED INFRACTION Level 1 Retunda	DATE 10/13/03 TIME CFC AM/PM
ANY IMMEDIATE SPECIAL ACTION TAKEN	De- nearing Octention
AUTHORIZED BY LT. Green	
WITNESS(ES), NAME(S) AND NUMBER(S)	
·	<del></del>
PHYSICAL EVIDENCE-DESCRIPTION AND DISPOSITION	
DESCRIPTION OF ALLEGED INFRACTION While Esca	ching inmare
Villaging back to his unit, He	Decame non-long liant
with oblicer orders refusing to	, , , , , , , , , , , , , , , , , , ,
his sugned howing acca.	
COPY OF THIS REPORT DELIVERED TO ABOVE INMATE BY:	Sur- Lewis +Maso
	PRINTED NAME
SIGNATURE SUT. 1944 W	DATE 10/13/11ME 09/0 AMDPM
NMATE READ "USE IMMUNITY" RIGHTS ( ) YES	( ) NO
	DATE /0/13/93 TIME 09/0 AND PM
7	7775

#### **ESSEX COUNTY DEPARTMENT OF CORRECTIONS**

#### A. DISCIPLINARY REPORT - INSTITUTION'S COPY

#### **ESSEX COUNTY DEPARTMENT OF CORRECTIONS**

#### **DISCIPLINARY REPORT - INSTITUTION'S COPY**

NAME OF INMATE (Last, First) Villafine Yasin # 2270037 86
BOOKING No. I.R.# 9777-23 TEIR: 234
PROHIBITED ACT. 306 Conduct which discipts or interferes with the
Security or orderly running of the correctional facility
REPORTING OFFICER'S NAME Navarrol TITLE Sergeent
DATE 10/13/27 SIGNATURE SET 10/13/27 SIGNATURE
PLACE OF ALLEGED INFRACTION LEVEL 1 Roturnes DATE 10/13/22 TIME Of AMPM
ANY IMMEDIATE SPECIAL ACTION TAKEN PHO
AUTHORIZED BY LT. Green DATE NO LOGO TIME 1001 APPROPRIATE
WITNESS(ES), NAME(S) AND NUMBER(S)
PHYSICAL EVIDENCE-DESCRIPTION AND DISPOSITION
DESCRIPTION OF ALLEGED INFRACTION Due to in mate Villafana
threats and turning toward Set Navarro in an aggressive
manner the code alarm v-s sound and inche
Willy fore destroined
COPY OF THIS REPORT DELIVERED TO ABOVE INMATE BY:
PRINTED NAME
SIGNATURE SEE DATE 10/1/2TIME 09/0 SMIPM
INMATE READ "USE IMMUNITY" RIGHTS ( ) YES ( ) NO INMATE'S SIGNATURE ( ) TIME ( ?! ( AM/PM )

## ESSEX COUNTY DEPARTMENT OF CORRECTIONS

#### D. NOTICE TO INMATE OF FIGHTS

Because of the possibility that you may be criminally presented above and beyond the discipline imposed by this institution, you are entitled to be advised of the following rights:

- 1. You have the right to remain silent and you cannot be further interrogated should you choose not to speak. Your silence may not be used against you at the disciplanary hearing or in future criminal proceedings. However, if you should not to speak, the case will be decided on the basis of alkother evidence presented at the hearing. The Hearing Officer may consider your silence together with all the coldence.
- 2. You have the right to make a statement concerning the charge. This statement or any evidence derived directly or indirectly from your statement may be used against you at the disciplinary hearing but cannot be used against you in any future criminal proceedings.

YOU WILL BE GIVEN A HEARING BEFORE A DISCIPLINARY ADJUSTMENT COMMITTEE IN CONNECTION WITH THIS CHARGE. AT THE HEARING YOU WILL BE ENTITLED TO THE FOLLOWING.

- 1. TWENTY-FOUR (24) HOUR NOTICE OF THE ALLEGED VIOLATION.
- 2. AN INMATE REPRESENTATIVE IF YOU ARE UNABLE TO COLLECT AND GATHER EVIDENCE OR UNABLE TO ADEQUATELY PRESENT YOUR CASE.
- 3. THE RIGHT TO REQUEST WITNESSES AND PRESENT DOCUMENTARY EVIDENCE.
- 4. THE RIGHT TO REQUEST CONFRONTATION AND CROSS-EXAMINATION OF ADVERSE WITNESSES.
- 5. THE RIGHT TO A WRITTEN DECISION BY THE ADJUSTMENT COMMITTEE STATING THE EVIDENCE RELIED UPON AND THE REASON FOR THE SANCTION.
- 6. THE RIGHT TO APPEAL THE DECISION OF THE HEARING OFFICER OR ADJUSTMENT COMMITTEE TO THE CHIEF OF OPERATIONS.

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## ESSEX COUNTY DEPARTMENT OF CORRECTIONS ADJUDICATION OF DISCIPLINARY CHARGE



INMATENAME: _	Y asin			J.		
COMMITMENT#:	227003786	ST NAME  HOUSING LOCATION	Fir 2D1 223	ST NAME		MIDDLE
PROHIBITED ACT#:	*.005	DESCRIPTION: Threatenin			IR#:	9777-23
PROHIBITED ACT#:	*.256	ESCRIPTION: Refusing to	obey an order of	any staff mer	win any c  nher	offenses
PROHIBITED ACT#:		ESCRIPTION: Conduct wi				V or orderly
PROHIBITED ACT#		ESCRIPTION:				y or orderry
PROHIBITEDACT#	Di	ESCRIPTION:				
PROHIBITED ACT#:		ESCRIPTION:				
VIOLATIONDATE:	10/13/23	MME: 08:00 PER	SON CHARGING:	Sgt. Na	avarro # 2	2793
' <b>PHD:</b> _	Yes	WAIVED 24 HOUR NOTICE:		DVISED IMMUNI		es 🔽
HEARING DATE: _	10/14/23	WITHIN7DAYS		ID, WITHIN 3 DA'		Yes 🔻
IN	MATEPLEA: G	UILTY NOT GUIL				165
INMATESTATEMENT:			Cos du	MADE		P 1
Low of	Quality Co		000	405	Lice	3 turcid
Children C	Present	ed to lem	455091	t, an	<u>d 17</u>	Of Capar
Completely	13 Ke 3 SK	W my	TOUT OF	ne her	ripp 1	Mich was
INMATE SIGNATURE:	X 7 0/1	1			10/1	4/23 40
HEARING IN ABSENTIA	: / R	Sign EASON:		REQUEST	DAT	
HEARINGRESULT: G	T/	1/	REASON:	REQUEST	IUAPPEA	L: 10 1 - 10
Used in support of the hearing			TESTIMONY	OTHER		
SA)	NCTION(S)			DR SANCTION(S)	·*	
LOSS OF VISITS/CO	NTACT VISITS					<del></del>
LOSS OF COMMISSA	RY					
LOSS OF PRIVILEGE		30 days los	s of tablet 10/13/2	23-11/12/23		
DETENTION TIME	18 Days			<u> </u>		·
RESTITUTION \$			·		_	
Prior Disciplinary Sanctions:	· · · · · · · · · · · · · · · · · · ·			<del></del>		
·	Zydzi	ik 🦯	$\overline{}$	10/	14/23	10:35
HEARINGOFFICER:	PRIN	Γ -	Sign		ATE	TIME
WARDEN OR DESIGNEE:	PRIN	Γ	Sign		ATE	TIME



#### ESSEX COUNTY DEPARTMENT OF CORRECTIONS INMATE DISCIPLINARY SANCTION AND RELEASE



<b>DATE:</b> 10/1	4/23	IR	<b>#:</b> 9777-23
INMATE NAME: COMMITMENT#: _	LAST NAME  1170376	FIRST HOUSING LOCATION:	ASIN MIDDLE  201-223-0
*SAN	(CTION(S)	REASON FO	OR SANCTION(S)
LOSS OF VISITS / LOSS OF COMMI LOSS OF PRIVILE DETENTION TIM RESTITUTION	CGES (ex. Tablets)	30 days loss of tablet 10/13	3/23-11/12/23
RELEASE DATE:	10/31/23		
HEARING OFFICER:	Zydzik PRINT	Sign	10/14/23 DATE

<sup>1</sup> COPY TO HOUSING ASSIGNMENT 1 COPY TO COUNTS 1 COPY TO FILE



## ESSEX COUNTY CORRECTIONAL FACILITY INMATE SERVICES BUREAU INMATE DISCIPLINE APPEAL FORM



TR#9777-2

To:	The Office of the Warden		
Fron	m: Yasin Villalaine	Commitment #:	227603786
Date	e: 10-14-2023	Housing Unit:	QD/223
l am	n requesting to appeal the decision rendered at my dis	ciplinary hearing ba	ased on:
	I wild like a full	TAC	und Cidminister.
10	Mestigation in-to this	MAGITEY	aline with the
	amar feetinge Dill	presoned	and veller
$ \mathcal{L} $	us continy process is	ou Sited	and a like it
<u>(V</u>	idence cras alland to	i la Doc	sented (Such es
<u> </u>	Minera aboth ciall	have 0	removed whiten
$\overline{p}$	rappen) and I was four	il quilte	1 only off of
W	half the police throte c	no Hair	seperal without
~ <b>\</b>	Inmate Signature: 🔀	ih Ch	U.A. Alfred
l have	reviewed your appeal and rendering the following d	ecision:	,
	The disciplinary decision is upheld as the basis of the	1	tantiated.
	The disciplinary charges and sanction are hereby wi were violated.		
	The disciplinary sanction is being modified to	days.	
	Other:		
<u> </u>			
-			
Warde	en or Designee		
	<i>,</i>		
Name:	Signature:	•	Date:

Case 2:23-cv-22558-MEF, AME Document 1-2 Filed 11/21/23 Page 8 of 10 Page ID: 28 looking into this Matter Via Camura, to see What really happened. I was forced to muss cart by Saying I refused and I did not and when ask to speak to an L.T. was thrown to the grown and assaulted.

exposed a situation of the situation of

DOODY COLD	777	Fi	le#
	TY DIVISION OF Inmate Grievance Fo	CORRECTION	S
TO: Ombudsman Admin	57/0/1017	ECCF	
FROM: Name: Yasa VIII	19fangt/2	27603766 Housi	ing Unit 201-223
Date: <u>W-23-2023</u>			
The response to this grievance may Office of the Warden.	be appealed in wr	iting through the	Ombudsman to the
(Notice: The Use of Obscene, Prof Grievance Invalid)	ane and or Vulga	ar Language sha	ill render this
Type of Complaint (check one)	General 📈	Medical [	]
Please describe your complaint or Pr	roblem:	ſ	. 4
was wondering	what	happe	ned to
My CAMPER M	eyer jne	and Edin	y Ahing
			·
M 18			
M. Wille			12 2 32
Inmate Signature		Date	13-0003
miniate Signature		Date	
Ombudsman's Signature		Date	,
•	Response		
W	Response		
	·		
NT	Title		Date
Name			
nmate advised of response by:			Date:
Appeal of response request: Yes	□ No		
Ombudsman	pure de la constitución de la co	Date	<b>-</b>

Case 2:23-cv-22558-MEF-AME Document 1-2 Filed 11/21/23 Page 10 Filed 15-55-ex CONTY DIVISION of Convections

In make Grievenec Form

To: ambudsman / IA/warden/Admin ECCE From: Yasin Villaffanat 20.7003786 Housing unit: 201-200512 The response to this grievance may be appealed in within through the ombidsonan to the office of the worden. Custice: the use of obscerce, profone and or willyour Language Shall render this Grievance. Invalid)

type of Complaint (Checkone) Greneral & Medical & I would like to speak to IA Internal Affairs A. SUAP and would like to know when my appeal would be responded to. I was also never medically evaluated responded to. I was also never medically evaluated after being attacked on 10-13-2623 and my back lover left Side I feels like something Bursted or empted Please Advise Thanks! Also I need the cornergi Footage pulled from 10-13-2003 the incident involving Marthure! 10-18-2023 Pated: